

**Louisiana Commission on Law Enforcement
PEACE OFFICER STANDARDS AND TRAINING COUNCIL**

Post Office Box 3133
Baton Rouge, LA 70821
(225) 342-1530
FAX: (225) 342-1672

EMPLOYMENT / STATUS CHANGE REPORT

This information must be submitted to P.O.S.T. within 30 days from the date of employment or employment status change. Employee Status Change includes resignation, retirement, termination or reinstatement. Complete only the blocks that are applicable. **Please fax to 225-342-1672.**

PLEASE PRINT OR TYPE

LAST NAME, & GENERATION (if applicable) (Jr, Sr., II, III, IV, etc.)		FIRST NAME		MIDDLE INITIAL	MAIDEN NAME (IF APPLICABLE)
DATE OF BIRTH	Male check	Female one	Social Security Number		Driver's License # & State

TYPE OF STATUS: (CHECK ONE)

Level 1: BASIC (320 Hours)		Level 2: BASIC CORRECTIONS (218 Hours)		Level 3: CORRECTIONS OFFICER (Jailer - 90 hours)	
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CHECK ONE: FULL TIME _____ PART TIME _____ RESERVE _____

COMPLETE ONE:

NEW HIRE DATE:	RESIGNATION DATE:	RETIREMENT DATE:	*TERMINATION DATE:	REINSTATEMENT DATE:

*If terminated, is there cause for revocation at this time or in the near future? Yes_____ No_____
If yes, please explain:

IF THIS PERSON IS **NOT** A NEW HIRE, WHAT IS THE START DATE AT YOUR AGENCY? _____

Reporting Agency:		Agency Address:	
Contact Person:			
Agency Telephone:	Agency Fax:	Agency email:	
Printed Name of Sheriff, Chief, or Agency Designee:		Sheriff, Chief, or Agency Designee Signature:	



State of Louisiana
Office of the Governor
Louisiana Commission on Law Enforcement
and Administration of Criminal Justice

Bobby Jindal
Governor

Joey Watson
Executive Director

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FORM PC-201B

Revised 01/2011

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INSTRUCTIONS:

1. Type or print clearly and include all appropriate information.
2. This form is to be completed on a **new employee** who has **no** prior law enforcement experience. *If the new employee has prior law enforcement experience, please complete a PC-201 on this person to check his certification status. You can call POST to request a PC-201 faxed to you.*
3. If an employee **leaves** your agency (resignation, retirement, termination), complete a PC-201B and fax to POST.
4. If an employee is **reinstated**, please complete a PC-201B and fax to POST.
5. This form **must** be signed by the Agency Head or Designee. Forms without appropriate signature will be returned.
6. This form must be submitted to POST within **30 days** of the change.
7. This form may be **faxed to POST at 225-342-1672**. POST does not need the original.

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"An Equal Opportunity Employer"